

110TH CONGRESS
1ST SESSION

S. RES. 87

Expressing the sense of the Senate that the President should declare lung cancer a public health priority and should implement a comprehensive interagency program to reduce the lung cancer mortality rate by at least 50 percent by 2015.

IN THE SENATE OF THE UNITED STATES

FEBRUARY 27, 2007

Mr. HAGEL (for himself, Mrs. CLINTON, Mr. BROWNBACK, Mrs. FEINSTEIN, and Mr. BROWN) submitted the following resolution; which was referred to the Committee on Health, Education, Labor, and Pensions

AUGUST 2, 2007

Committee discharged; considered and agreed to

RESOLUTION

Expressing the sense of the Senate that the President should declare lung cancer a public health priority and should implement a comprehensive interagency program to reduce the lung cancer mortality rate by at least 50 percent by 2015.

Whereas lung cancer is the leading cause of cancer death for both men and women, accounting for 28 percent of all cancer deaths;

Whereas lung cancer kills more people annually than breast cancer, prostate cancer, colon cancer, liver cancer, melanoma, and kidney cancer combined;

Whereas, since the National Cancer Act of 1971 (Public Law 92–218; 85 Stat. 778), coordinated and comprehensive research has raised the 5-year survival rates for breast cancer to 88 percent, for prostate cancer to 99 percent, and for colon cancer to 64 percent;

Whereas the 5-year survival rate for lung cancer is still only 15 percent and a similar coordinated and comprehensive research effort is required to achieve increases in lung cancer survivability rates;

Whereas 60 percent of lung cancer cases are now diagnosed in nonsmokers or former smokers;

Whereas $\frac{2}{3}$ of nonsmokers diagnosed with lung cancer are women;

Whereas certain minority populations, such as Black males, have disproportionately high rates of lung cancer incidence and mortality, notwithstanding their lower smoking rate;

Whereas members of the baby boomer generation are entering their sixties, the most common age at which people develop cancer;

Whereas tobacco addiction and exposure to other lung cancer carcinogens such as Agent Orange and other herbicides and battlefield emissions are serious problems among military personnel and war veterans;

Whereas the August 2001 Report of the Lung Cancer Progress Review Group of the National Cancer Institute stated that funding for lung cancer research was “far below the levels characterized for other common malignancies and far out of proportion to its massive health impact”;

Whereas the Report of the Lung Cancer Progress Review Group identified as its “highest priority” the creation of integrated, multidisciplinary, multi-institutional research consortia organized around the problem of lung cancer rather than around specific research disciplines; and

Whereas the United States must enhance its response to the issues raised in the Report of the Lung Cancer Progress Review Group: Now, therefore, be it

1 *Resolved*, That it is the sense of the Senate that the
2 President should—

3 (1) declare lung cancer a public health priority
4 and immediately lead a coordinated effort to reduce
5 the lung cancer mortality rate by 50 percent by
6 2015;

7 (2) direct the Secretary of Health and Human
8 Services to increase funding for lung cancer research
9 and other lung cancer-related programs as part of a
10 coordinated strategy with defined goals, including—

11 (A) translational research and specialized
12 lung cancer research centers;

13 (B) expansion of existing multi-institu-
14 tional, population-based screening programs in-
15 corporating state-of-the-art image processing,
16 centralized review, clinical management, and to-
17 bacco cessation protocols;

18 (C) research on disparities in lung cancer
19 incidence and mortality rates;

1 (D) graduate medical education programs
2 in thoracic medicine and cardiothoracic surgery;

3 (E) new programs within the Food and
4 Drug Administration to expedite the develop-
5 ment of chemoprevention and targeted therapies
6 for lung cancer;

7 (F) annual reviews by the Agency for
8 Healthcare Research and Quality of lung cancer
9 screening and treatment protocols;

10 (G) the appointment of a lung cancer di-
11 rector within the Centers for Disease Control
12 and Prevention with authority to improve lung
13 cancer surveillance and screening programs;
14 and

15 (H) lung cancer screening demonstration
16 programs under the direction of the Centers for
17 Medicare and Medicaid Services;

18 (3) direct the Secretary of Defense, in conjunc-
19 tion with the Secretary of Veterans Affairs, to de-
20 velop a broad-based lung cancer screening and dis-
21 ease management program among members of the
22 Armed Forces and veterans, and to develop techno-
23 logically advanced diagnostic programs for the early
24 detection of lung cancer;

1 (4) appoint a Lung Cancer Scientific and Med-
2 ical Advisory Committee, comprised of medical, sci-
3 entific, pharmaceutical, and patient advocacy rep-
4 resentatives, to—

5 (A) work with the National Lung Cancer
6 Public Health Policy Board described in para-
7 graph (5); and

8 (B) report to the President and Congress
9 on the progress toward and the obstacles to
10 achieving the goal described in paragraph (1) of
11 reducing the lung cancer mortality rate by 50
12 percent by 2015; and

13 (5) convene a National Lung Cancer Public
14 Health Policy Board, comprised of multiagency and
15 multidepartment representatives and at least 3
16 members of the Lung Cancer Scientific and Medical
17 Advisory Committee, to oversee and coordinate all
18 efforts to accomplish the goal described in para-
19 graph (1) of reducing the lung cancer mortality rate
20 by 50 percent by 2015.

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